

<i>SERFF Tracking Number:</i>	<i>AMLC-128033802</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United American Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>ARUMPADA</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>Annual Medicare Part A Deductible Rider</i>		
<i>Project Name/Number:</i>	<i>Annual Medicare Part A Deductible Rider /ARUMPADA</i>		

Filing at a Glance

Company: United American Insurance Company

Product Name: Annual Medicare Part A SERFF Tr Num: AMLC-128033802 State: Arkansas

Deductible Rider

TOI: H21 Health - Other

SERFF Status: Closed-Approved- State Tr Num:
Closed

Sub-TOI: H21.000 Health - Other

Co Tr Num: ARUMPADA

State Status: Approved-Closed

Filing Type: Form

Author: Tom Cao

Reviewer(s): Rosalind Minor

Date Submitted: 02/10/2012

Disposition Date: 02/13/2012

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Annual Medicare Part A Deductible Rider

Project Number: ARUMPADA

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer, Trust, Other

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Explanation for Other Group Market Type:
Unions

Overall Rate Impact:

Filing Status Changed: 02/13/2012

State Status Changed: 02/13/2012

Deemer Date:

Created By: Tom Cao

Submitted By: Tom Cao

Corresponding Filing Tracking Number:
ARUMPADA

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

We intend on using this rider to provide an additional package option with Group Insurance Policy Form ARUERHP/Certificate Forms ARUERHPC and ARUERHPKLC, which was approved by your department on 02/12/2010. Compliance with Chapter 79, of Arkansas Insurance Laws, is not required as the group policyholder and the group is exempt from such requirements according to §23-79-402(b) of Chapter 79. The benefit packages are experienced rated

SERFF Tracking Number: AMLC-128033802 State: Arkansas
 Filing Company: United American Insurance Company State Tracking Number:
 Company Tracking Number: ARUMPADA
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: Annual Medicare Part A Deductible Rider
 Project Name/Number: Annual Medicare Part A Deductible Rider /ARUMPADA

and will be fully negotiated with each group.

Company and Contact

Filing Contact Information

Tom Cao, Compliance Analyst tcao@torchmarkcorp.com
 3700 S. Stonebridge Drive 214-544-5389 [Phone]
 McKinney, TX 75070 972-569-3728 [FAX]

Filing Company Information

United American Insurance Company	CoCode: 92916	State of Domicile: Nebraska
P.O. Box 8080	Group Code: 290	Company Type: Life and Health
McKinney, TX 75070-8080	Group Name: Liberty National	State ID Number:
(972) 529-5085 ext. [Phone]	FEIN Number: 73-1128555	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 per filing x 1 filing = \$50.00.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United American Insurance Company	\$50.00	02/10/2012	56269909

<i>SERFF Tracking Number:</i>	<i>AMLC-128033802</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United American Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>ARUMPADA</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>Annual Medicare Part A Deductible Rider</i>		
<i>Project Name/Number:</i>	<i>Annual Medicare Part A Dedctible Rider /ARUMPADA</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/13/2012	02/13/2012

SERFF Tracking Number: *AMLC-128033802* *State:* *Arkansas*
Filing Company: *United American Insurance Company* *State Tracking Number:*
Company Tracking Number: *ARUMPADA*
TOI: *H21 Health - Other* *Sub-TOI:* *H21.000 Health - Other*
Product Name: *Annual Medicare Part A Deductible Rider*
Project Name/Number: *Annual Medicare Part A Deductible Rider /ARUMPADA*

Disposition

Disposition Date: 02/13/2012

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	AMLC-128033802	State:	Arkansas
Filing Company:	United American Insurance Company	State Tracking Number:	
Company Tracking Number:	ARUMPADA		
TOI:	H21 Health - Other	Sub-TOI:	H21.000 Health - Other
Product Name:	Annual Medicare Part A Deductible Rider		
Project Name/Number:	Annual Medicare Part A Dedctible Rider /ARUMPADA		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	Annual Medicare Part A Deductible Rider	Approved-Closed	Yes

SERFF Tracking Number: AMLC-128033802 State: Arkansas

Filing Company: United American Insurance Company State Tracking Number:

Company Tracking Number: ARUMPADA

TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other

Product Name: Annual Medicare Part A Deductible Rider

Project Name/Number: Annual Medicare Part A Deductible Rider /ARUMPADA

Form Schedule

Lead Form Number: ARUMPADA

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 02/13/2012	ARUMPADA	Policy/Contract/ Annual Medicare Part A Deductible Rider	Initial			67.810	ARUMPADA.pdf
		Certificate: Amendment, Insert Page, Endorsement or Rider					

UNITED AMERICAN INSURANCE COMPANY

P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085

A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

\$[500] ANNUAL MEDICARE PART A DEDUCTIBLE RIDER

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate which are not in conflict with those of this rider.

Please keep this rider with Your certificate.

This rider is issued [in consideration of the payment of the required premium and] in reliance on the statements contained in the application.

Part 1, BENEFITS FOR HOSPITAL STAYS– MEDICARE PART A, of your Certificate is deleted and replaced by the following:

Each calendar year, You are required to meet a \$[500] deductible by paying the Medicare Part A Deductibles and Coinsurance Amounts totaling \$[500], before We provide coverage for Medicare Part A Eligible Expenses. After You have met this rider deductible amount, We will pay the following benefits when You have a Hospital Stay for which benefits are paid by Medicare Part A:

- 1) Coverage of Part A Medicare Eligible Expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare benefit period;
- 2) Coverage of Part A Medicare Eligible Expenses incurred for hospitalization to the extent not covered by Medicare for each Medicare lifetime reserve day used; and
- 3) Upon exhaustion of the Medicare hospital inpatient coverage, including the lifetime reserve days, coverage of 100% of the Medicare Part A eligible expenses for hospitalization paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The provider shall accept the issuer's payment as payment in full and may not bill the insured for any balance.

Expenses incurred prior to the effective date of Your certificate will not be applied to this deductible.

IN WITNESS WHEREOF, United American Insurance Company has issued this rider at its Home Office in McKinney, Texas.

Sally M. McMillen
SPECIMEN

Secretary

[Signature]
SPECIMEN

President

SERFF Tracking Number: AMLC-128033802 State: Arkansas
 Filing Company: United American Insurance Company State Tracking Number:
 Company Tracking Number: ARUMPADA
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: Annual Medicare Part A Deductible Rider
 Project Name/Number: Annual Medicare Part A Deductible Rider /ARUMPADA

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: AR Readability Certification.pdf	Approved-Closed	02/13/2012

	Item Status:	Status Date:
Satisfied - Item: Application Comments: Attachment: ARUEGRUAP.pdf	Approved-Closed	02/13/2012

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification Bypass Reason: N/A, this is a rider filing. Comments:	Approved-Closed	02/13/2012

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage Bypass Reason: N/A, this is a rider filing. Comments:	Approved-Closed	02/13/2012

	Item Status:	Status Date:
Bypassed - Item: PPACA Uniform Compliance Summary Bypass Reason: N/A, this is not a major medical filing. Comments:	Approved-Closed	02/13/2012


UNITED AMERICAN INSURANCE COMPANY
McKinney, Texas

READABILITY CERTIFICATION

We hereby certify we have carefully reviewed the form(s) listed below and to the best of our knowledge and ability determine the Flesch scale analysis readability test score to be as shown:

<u>FORM</u>	<u>SCORE</u>
ARUPBDCPA - Medicare Part B Annual Deductible Rider	54.36
ARUPBDCPF1 - Medicare Part B Annual Deductible Rider	54.46
ARUPBDCPF8 - Medicare Part B Annual Deductible Rider	54.46
ARUPBCCPA - Medicare Part B Annual Coinsurance Rider	54.93
ARUPBCCPF1 - Medicare Part B Annual Coinsurance Rider	55.05
ARUPBCCPF8 - Medicare Part B Annual Coinsurance Rider	55.12
ARUPBDCCPC - Medicare Part B Annual Deductible/Coinsurance Rider	59.27
ARUPBDCCPF1 - Medicare Part B Annual Deductible/Coinsurance Rider	54.34
ARUPBDCCPF8 - Medicare Part B Annual Deductible/Coinsurance Rider	54.34

Date: May 24 2011



Michael J. Gaisbauer, Vice President

FORM S-1351

UNITED AMERICAN INSURANCE COMPANY

P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

APPLICATION

1. a. Group Policy Number: [1234]
b. Policyholder: [ABC Corporation]
2. Group Effective Date: [January 25, 2010]
3. Eligible Member of the Group: [Members of ABC Corporation]
4. Eligible Dependents: [The spouse or surviving spouse of a Group Member,] [the spouse of an active employee of the Policyholder,] [the spouse of an early retiree of the Policyholder,] [the widow or widower of a Group Member whose rights are continued under the Policyholder's retirement plan,] or [the divorced spouse of a Group Member whose rights are continued under the Policyholder's retirement plan].

The Applicant hereby applies for Group Insurance and understands and agrees that insurance applied for shall not become effective until the application for Group Insurance is approved by United American Insurance Company at its Administrative Office.

This application, as it may be amended, will become a part of the Group Policy if issued.

FOR THE POLICYHOLDER:

Signed by	_____	Title	_____
Signed at	_____	Date	_____

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ARUEGRUAP